

State of Rhode Island
Department of Administration
OFFICE OF ACCOUNTS AND CONTROL

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Risk Management Program - Third Party Incident/Event Management		

1. ESTABLISHMENT

- 1.1 There is hereby established the Rhode Island Risk Management Program. Under this program each agency or other covered entity shall designate an individual or individuals to report incidents or occurrences that involve the state entity.

2. FUNCTIONS OF THE AGENCY RISK MANAGEMENT PROGRAM

- 2.1 Each agency Risk Management Program shall have assigned to it sufficient personnel to fulfill each of the following functions:
- 2.2 Incident Scene Management
- 2.2.1 General
- 2.2.2 The agency Division Manager or his/her designee shall be responsible for assuring that proper steps are taken at the scene of any third party incident to ensure the safety and security of personnel and property, and to otherwise manage the scene in the best interest of the state and the agency involved. The agency's Risk Management Coordinator, if available at the scene, will assist the Division Manager in ensuring that site safety and security is maintained. In the event the Division Manager or his/her designee is not immediately available at the scene, the Risk Management Coordinator will take charge of location safety until such time that supervisory staff arrives. Employees of all agencies and other covered entities must be informed and encouraged to promptly report any potential liability incident in which they might be involved, or which they might witness, to proper supervisory and security personnel.

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2.3 Reports by Witnesses

- 2.4 Any employee or officer of any agency or other covered entity who is involved in any potential incident, as a witness or otherwise, must immediately notify his or her immediate supervisor, as well as the security office or law enforcement officer with responsibility for the area where such incident occurs, if any. In case of any liability incident involving motor vehicles, the procedures as outlined in Article 3 shall also be followed.

3. REPORTING VEHICLE INCIDENTS

- 3.1 The operator of a vehicle involved in a reportable vehicle incident shall immediately notify the nearest, security office or law enforcement officer with responsibility for the area where such incident occurs unless incapacitated by injury to the extent that notification is impractical.
- 3.2 The operator shall remain at the scene until completion of all acts required by law or these rules to be performed at the scene, unless injuries sustained require treatment or other extenuating circumstances exist preventing the operator from remaining at the scene.
- 3.3 The operator shall fill out the Department of Transportation vehicle accident report as soon as reasonably possible. The original accident report is sent within 48 hours to State Fleet Operations (Fax 222-2599), and a copy is submitted to the drivers' department personnel office. Any incident involving a fatality, or serious bodily injury must be reported immediately to the Risk Management Unit at 222-6429 (Fax 222-2599) within one business day.

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4. STATEMENTS BY PARTIES INVOLVED

- 4.1 Employees or any agency or other covered entity whose conduct or performance of duty gives rise to a potential "liability claim" shall be required to cooperate in good faith with the defense of any claim which may be presented in connection with the "incident". Any such employee's cooperation shall include, but not be limited to refraining from making any statement or comment, or from executing any writing or document, concerning such incident, except as may be required by the employee's employer, union representative, authorized legal counsel, whether appointed by the state or privately secured, the Risk Management Unit, any law enforcement authority investigating the "incident" at the scene, or by statute unless the matter involved is one in which there is a legitimate public interest.
- 4.2 Any employee who is a witness to an "incident", but who did not commit or perform any act or omission contributing to the occurrence giving rise to the "incident" shall refrain from making any statement or comment or from executing any writing or document concerning such incident, except as may be required by the employee's employer, union representative, authorized legal counsel appointed by the state, the Risk Management Unit, or any law enforcement authority investigating the "incident" at the scene.

5. INVESTIGATION

- 5.1 The agency Risk Management Coordinator shall ensure that each incident involving the property or personnel of the agency or other covered entity is promptly investigated. Such investigation shall, at a minimum, involve ascertainment of the identities of all possible claimants and all known witnesses. A description of the occurrences giving rise to damages including the date, time, and location, shall be provided and an estimate of the possible amount of damages shall be made. The identification of a party or a witness shall include full name, address, home and business phone numbers, date of birth, social security number and brief summary of what is known or reported by such witness.

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6. RECORDKEEPING

- 6.1 The agency designee shall keep orderly records, organized as to be readily retrievable by date, location of incident and names of third parties potentially giving rise to liability, of each investigation of any third party incident. A unique identification number shall be assigned to each incident which may be used to specify the matter in any communications between the agency Risk Management Coordinator and the Risk Management Unit.

7. REPORTING PROCEDURES: GENERAL AND/OR PROFESSIONAL LIABILITY

- 7.1 The Agency Risk Management Coordinator shall:
- 7.2 Give telephone notice to the Risk Management Division
- 7.2.1 The agency Risk Management Coordinator shall give telephone notice of any third party incident to the Risk Management Unit within the Department of Administration not later than the next working day following the occurrence of any such incident.
- 7.3 Fill out "Incident Report Form."
- 7.3.1 The agency Risk Management Coordinator shall fill out and send to the Risk Management Unit, an incident report. This report should include but not be limited to the following information:
- 7.3.1.1 Time, date, and location of accident.
- 7.3.1.2 The Department involved.
- 7.3.1.3 A description of other property or vehicle, if any.

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- 7.3.1.4 The names of injured persons and the name of hospital(s) where such persons may receive treatment.
 - 7.3.1.5 The damage to the property, if any, and the property's location.
 - 7.3.1.6 The name of the investigating officer, if any.
 - 7.3.1.7 A brief description of the incident.
 - 7.3.1.8 The names, addresses and telephone numbers of all witnesses.
 - 7.4 Forward "Incident Report" form to the Risk Management Unit in care of the Department of Administration, One Capitol Hill, Providence (Fax 222-2599).
 - 7.5 Send informational material to the Risk Management Unit
 - 7.5.1 The agency Risk Management Coordinator shall complete all preliminary investigations following a liability incident and send a completed "Incident Report" form, if any and other pertinent information that is the result of a thorough investigation to:

Rhode Island Department of Administration
Central Service Division / Risk Management Unit
One Capitol Hill
Providence, RI 02908-5850

8. OBJECTIVE

- 8.1 In filling out an Incident Report Form Report and filing it with the Risk Management Unit, neither the agency nor the state is accepting or claiming responsibility for events that may have occurred. The purpose for this reporting mechanism is to establish a format for identifying for risk management purposes incidents that may have occurred within state facilities or that involve state employees.

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8.2 Risk Management goals to be achieved via this reporting format will include: loss control, where applicable, for individual incidents, pattern and trend analysis and where appropriate expeditious claim handling.

9. DEFINITIONS

“Reportable Incident” is any untoward event which has or may, if circumstances had been different, resulted in injury or property damage to a business invitee, visitor or other third party. Separate employee accident investigation procedures should be used for the investigation of incidents involving injuries to employees.

Pages 6 is a sample of the Incident Report Form.

State of Rhode Island
Department of Administration

INCIDENT REPORT FORM

LAST NAME _____ FIRST NAME _____ MI _____
AGE _____ SEX _____ HOME PHONE _____
ADDRESS _____ CITY/STATE _____ ZIP _____
INJURY SUSTAINED/PROPERTY DAMAGE _____

AGENCY NAME _____ ADDRESS _____
LOCATION WHERE INCIDENT OCCURRED _____
DATE _____ TIME _____ AM PM _____
WITNESS: LAST NAME _____ FIRST NAME _____ MI _____
HOME PHONE: _____ STATE EMPLOYEE ☐ YES ☐ NO
ADDRESS: _____ CITY/STATE _____ ZIP _____
VISITOR SOUGHT MEDICAL TREATMENT: ☐ YES ☐ NO ☐ UNKNOWN
NAME OF TREATMENT FACILITY: _____

TO BE FILLED OUT BY STATE EMPLOYEE: Describe incident and circumstances . Include all pertinent information. Use additional paper if necessary .

Signature of Preparer: _____

Telephone No.: _____

<u>Struck By/Against</u>	<u>Slip/Trip/Fall</u>	<u>Caught Between</u>
Equipment <input type="checkbox"/>	Floor <input type="checkbox"/>	Door and Frame <input type="checkbox"/>
Person <input type="checkbox"/>	Electrical Cord <input type="checkbox"/>	Equipment & Wall <input type="checkbox"/>
Falling Object <input type="checkbox"/>	Stairs <input type="checkbox"/>	Tool and Object <input type="checkbox"/>
Other <input type="checkbox"/>	Grounds <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	

SIGNATURE OF AGENCY OR DEPARTMENT DIRECTOR: _____

Original To: State Risk Manager – Dept. of Admin./Central Services, One Capitol Hill, Providence, Rhode Island

Copy To: Department's Legal Counsel